



UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

T.H.
11-703
H6/a
pub

In re Application of:

Jeffrey M. Wendlandt

Serial No.: 10/072,697

Examiner: B. Pantuck

Filing Date: February 7, 2002

Group Art Unit: 3731

For: SURGICAL CLIP WITH A SELF-RELEASING RESERVOIR

Docket No.: 1001.1440101

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

NOV 06 2003

TECHNOLOGY CENTER R3700

AMENDMENT

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 333854209 US, in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 30th day of October 2003.

By *Kathleen L. Boekley*
Kathleen L. Boekley

Dear Sir:

This paper is in response to the Office Action mailed July 31, 2003, with a shortened statutory period set to expire on October 31, 2003. This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following amendments and remarks:



11-03-03

3731

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeffrey M. Wendlandt

Serial No.: 10/072,697

Examiner: B. Pantuck

Filed: February 7, 2002

Group Art Unit: 3731

For: SURGICAL CLIP WITH A SELF-RELEASING FLUID RESERVOIR

Docket: 1001.1440101

TRANSMITTAL SHEET

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RECEIVED
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TECHNOLOGY CENTER R3700

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By

Kathleen L. Bookley

We are transmitting herewith the attached:

- [XX] Amendment
[XX] No additional fee required
[] The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

☐ A check in the amount of \$_____ is enclosed. Itemization:

Fee Code _____ \$

Fee Code _____ \$

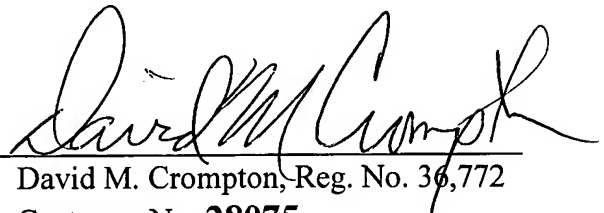
Fee Code _____ \$

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

☐ Other: _____.

☒ Return Receipt Postcard (MPEP 503).

☐ Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772
Customer No. **28075**

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